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Bib Data Sheet

CONFIRMATION NO. 2302

SERIAL NUMBER 09/829,113	FILING OR 371(c) DATE 04/09/2001 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 44158/209598 (5853-3)
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

07/30/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TN	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS

29312

TITLE

HAPLOTYPING METHOD FOR MULTIPLE DISTAL NUCLEOTIDE POLYMORPHISMS

FILING FEE RECEIVED 720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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